

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *100009173431*

1. Entity Name

WJK Associates Inc.

FILED

02 NOV 22 - PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100009173431

11/22/02--01074--002 **\$1.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14521 Sherbrook Pl.

3. Mailing Address

14521 Sherbrook Pl.

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

305

City & State

FT. Myers FL.

City & State

FT. Myers FL

Zip

33912

Country

US.

Zip

33912

Country

US

4. FEI Number

65-1018821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William J. Kuhn

Street Address (P.O. Box Number is Not Acceptable)

14521 Sherbrook Pl

305

City

FT. Myers

FL

Zip Code

33912

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/10/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>PRES.</i>	<i>WILLIAM J. KUHN</i>	<i>14521 Sherbrook Pl. # 305</i>	<i>FT MYERS, FL. 33912</i>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/02

917 930 3465

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 9, 2002

WJK ASSOCIATES INC.
C/O KUHN WILLIAM
7100-39 FAIRWAY DRIVE, BOX 1538
PALM BEACH GARDEN, FL 33418

SUBJECT: WJK ASSOCIATES INC.
Ref. Number: P00000061089

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 488-9000.

Division of Corporations

Letter Number: 202A00047577

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 202A00047577

*ad litem
was
correct*